## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000301

FILED Apr 18, 2005 Secretary of State

Entity Name: ST. MARY A.M.E. CHURCH AND CEMETERY, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TIN LUTHER , FL 33584	KING BLVD. US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 2 SEFFNER,	27 , FL 33584	US			
FEI Number:	59-3151638	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
2114 SHAÉ BRANDON	, GREGORY DY POINT LA N, FL 33510	US			
	named entity of Florida.	submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () JACKSON, CL 805 INNERGA VALRICO, FL	RY PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( JACKSON, GF 2114 SHADY BRANDON, FL	POINT LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( WARMACK, R 5033 1/2 PINE SEFFNER, FL	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( HOLLOWAY, 1005 CELTIC BRANDON, FL	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON NELSON REV 04/18/2005